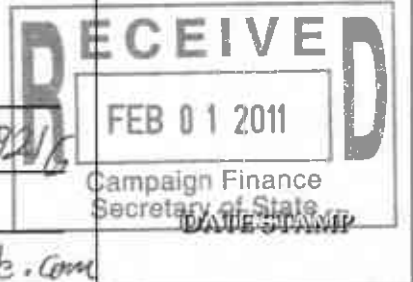


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Committee Friends of Rickey Cole
Address 529 Woodland Hills Place Jackson, MS 39206
Telephone 601-316-1356 Fax _____
Treasurer Rickey Cole Email rickey@rickeycole.com



☒ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 500 + \$ 960 ⁰⁰	\$ 1460 ⁰⁰	\$ 146 ⁰⁰
Total amount of disbursements	\$ 847 ³¹ + \$ 598 ³¹	\$ 1446 ³²	\$
Total amount of cash on hand		\$ 97 ³¹	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Friends of Ricky Cole

Page

of

Reporting period

1/1/10

through

12/31/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		9/23/10	\$ 500 ⁰⁰
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 500 ⁰⁰
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		1/1/	\$
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		1/1/	\$
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		1/1/	\$
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Friends of Ricky Cole

Reporting period

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through

12/31/10

ITEMIZED DISBURSEMENTS

A. Full name	<u>Bob Blumire</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>516 Morongo Road</u>	<u>9/13/10</u>	\$ <u>500⁰⁰</u>
City, State, Zip Code	<u>Bethesda, MD 20816</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	<u>lists</u>	Aggregate Year-to-date	\$ <u>500⁰⁰</u>
B. Full name	<u>Hancock Bank</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>P.O. Box 4020</u>	<u>9/10/10</u>	\$ <u>175⁰⁰</u>
City, State, Zip Code	<u>Gulfport, MS 39502</u>	<u>10/1/10</u>	\$ <u>172⁹⁹</u>
Purpose of Disbursement (Optional)	<u>loan note</u>	Aggregate Year-to-date	\$ <u>347⁹⁹</u>
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>—/—/—</u>	\$
City, State, Zip Code		<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>—/—/—</u>	\$
City, State, Zip Code		<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>—/—/—</u>	\$
City, State, Zip Code		<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>—/—/—</u>	\$
City, State, Zip Code		<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$